



A copy of this claim will be sent to the employer.

For Labor Department Use Only
Wage Claim No.

PLEASE PRINT OR TYPE ALL BLANKS MUST BE COMPLETED

1. Name of Claimant (First, Middle, Last)		
2. Address (RR, Box or Street Number)		Apt. No.
3. City	State	Zip Code
4. Day Time Telephone Number		
5. Social Security Number		

6. Job Title
7. Nature of Work Performed
8. Did you keep a time record? (If yes, attach a copy to this Wage Claim Form.) <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Was the work performed in North Dakota? <input type="checkbox"/> Yes <input type="checkbox"/> No
10. If not, where?
11. If a combination of states, what percentage in North Dakota?

12. Was there ever a specific written rate of pay agreement? (If yes, attach a copy) <input type="checkbox"/> Yes <input type="checkbox"/> No
13. Rate of Pay: _____ How often paid? Per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Commission
14. Did any written contract or agreement exist between you and named employer? (If yes, attach a copy.) <input type="checkbox"/> Yes <input type="checkbox"/> No

Time period wages claimed	
15. From (Month, Year)	To (Month, Year)
16. Number of hours, dates, weeks, months or units	
17. <input type="checkbox"/> Discharged <input type="checkbox"/> Laid off <input type="checkbox"/> Quit Next payday?	
18. Have you made a written or oral request for your wages? (If yes, attach a copy.) <input type="checkbox"/> Yes <input type="checkbox"/> No	

19. Reason for Submitting This Wage Claim	
<input type="checkbox"/> Failure to pay wages	<input type="checkbox"/> Failure to pay overtime
<input type="checkbox"/> Unauthorized deductions	<input type="checkbox"/> Failure to pay vacation pay
<input type="checkbox"/> Failure to pay minimum wage	<input type="checkbox"/> Bad payroll check (include copy)

20. Name of Business/Employer	
21. Address (RR, Box or Street Number)	Apt. No.
22. City	County
State	Zip Code
23. Telephone Number	
24. Check One <input type="checkbox"/> Owner <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Unknown	

25. Is the business still in operation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
26. Names of each individual owner of business		
27. Owner's home address	Telephone Number:	
City	State	Zip Code
28. Is owner currently a member of the US Military Service? <input type="checkbox"/> Yes <input type="checkbox"/> No		

29. Name of person(s) responsible for the daily operation of the business		
30. Home address (RR, Box or Street Number)		
31. City	State	Zip Code
32. Telephone Number		
33. Title		

34. Is business in bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No
35. Is owner in bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No

36. Are you still working for this business? <input type="checkbox"/> Yes <input type="checkbox"/> No	
37. Date Work Started (Mo/Da/Yr)	Last Date Worked (Mo/Da/Yr)
38. Reason for employer's refusal to pay:	
39. How were you paid previously? <input type="checkbox"/> Check (Payroll or Personal <input type="checkbox"/> Owner If paid by check, attach a copy of checks or pay stubs.	

40. Gross Amount of Wages In Dollars and Cents Which I Believe Due: \$ Claims without amount will be returned causing a delay in processing. You may file a claim for wages only. You may not file for expenses such as materials purchased out of pocket for employer including but not limited to personal vehicle useage, gas, tool useage or loss.

Do you know of any offsets, deductions, or counterclaims your employer might make? Explain.

I am providing this information to help the Commissioner of Labor determine the merit of my wage claim. The information I have provided on this form is accurate to the best of my knowledge and belief.	
I understand that the Commissioner of Labor does not assume my claim is valid simply because I have filed with the North Dakota Department of Labor. I also understand the Commissioner of Labor may not be able to take action against the employer in the wage claim.	
Signature	Date